

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

915

CERTIFICATE OF DEATH

REGISTRAR'S NO.

276

BIRTH NO.

7 37
CE OF DEATH
9 AND 74
AL RESIDENCE
X-

1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 9 Yrs. IN ARIZONA 9 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE ARIZONA B. COUNTY MARICOPA	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) DOA MEMORIAL HOSPITAL		C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
		D. STREET ADDRESS 3645 W. Polk		(IF RURAL, GIVE LOCATION)	

DECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) DULCIE LEE WALLACE			4. SEX FEMALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) DIVORCED
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Jan. DAY 15 YEAR 1913	8. AGE (IN YEARS LAST BIRTHDAY) 41	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) HOUSEKEEPER
9B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARK.	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO	13. SOCIAL SECURITY NO. UNK.	
14A. FATHER'S NAME J.S. WALLACE		14B. BIRTHPLACE (STATE OR COUNTRY) ARK.	15A. MOTHER'S MAIDEN NAME CELIE BETHANY		15B. BIRTHPLACE (STATE OR COUNTRY) SRK.

CAUSE
OF
DEATH
ITEM 18)

16. INFORMANT'S SIGNATURE FRANCES MARSHALL - 211 S. Alameda St Los Angeles Calif		17. DATE OF DEATH (MONTH) (DAY) (YEAR) JAN. 28 1954	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 331 X *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Subdural hematoma DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
19C. PLACE DISEASE CONTRACTED.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

OPERATIONS,
AUTOPSY

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5:25 P.M. 1-29-54 THAT I LAST SAW THE DECEASED EXAMINED THE BODY ON 1-29-54			
22A. SIGNATURE Charles J. Flood		22B. ADDRESS Phoenix	
22C. DATE SIGNED 1-29-54			

DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural		23B. INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	

ORONER'S
TIFICATION

24A. CORONER'S SIGNATURE Ch. J. Flood		24B. ADDRESS West Phoenix		24C. DATE SIGNED 2-5-54	
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UNERAL
IRECTOR
AND
EGISTRAR

25A. BURIAL IN CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 1-30-54		25C. NAME OF CEMETERY OR CREMATORY DOUBLE BUTTE CEMETERY	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) TEMPE, ARIZONA		26A. DATE REC. BY LOCAL REG. 4/30/54		26B. REGISTRAR'S SIGNATURE Buried Johnston	
26C. FUNERAL DIRECTOR'S SIGNATURE Henry J. Roman		26D. ADDRESS PHX.			